## FILED Jul 09, 2007 8:00 am Secretary of State

| 2007 | LIMITED | LIABIL | ITY | COMP      | ANY |
|------|---------|--------|-----|-----------|-----|
|      | ANN     | JAL RE | POR | <b>IT</b> |     |

|   | AIIIIO   | AL IVER OIL                              |  |   | ~ • • • • • • • • • • • • • • • • • • •                         | J 01 ~                                     |                         |
|---|--|--|--|---|---|--|-------------------------|
| DOCUMENT # L0300003050  1. Entity Name SPRING HILL BRACE AND LIMB, L.L.C. |  |  |  |   |   | 7 90114 031 ****                           | 50.00                   |
| Principal Plac  | to of Business   | Mailine Address                          |  |   | 2002  |  |                         |
| Principal Place of Business   |  | •  | Mailing Address                                |   | 23920   |  |                         |
| 8660 GULF   |  |  | 8660 GULF BLVD                                 |   |   |  |                         |
| JANNI PETER   | RSBURG, FL 33707   | saint Petersburg, Fl                     | _ 33/0/  |   |   |  |                         |
|   |  |  |  | 1 110080019   | SI <b>edien hin edili edir an</b>                               | IN BOSH BUKUU MIN BUSH ANIM A              |                         |
| 2. Principal F  | Place of Business - No P.O. Box #  | 3. Mailing Address                       | <del></del>                                    | <del></del>      <b>      </b>  |   |  |                         |
|   | arwater-Largo Roa  | _  | ator-Iarg                                      |   | III <mark>maika kiiki ba</mark> kk sakk aa                      | HI DUNI BUNED LIM BULEN DISIN H            |                         |
| Suite, Apt.   |  | Suite, Apt. #, etc.                      | icer-rary                                      | <del></del>   |   |  |                         |
|   |  | 55115   7   511   11   11   11   11   11 |  | 06292007  | Chg-LLC   | CR2E083 (12/06                             | )                       |
| City & Stat   | te   | City & State                             |  | 4. FEI Num  |   |  | pplied For              |
| Largo, FL   |  | Largo, FL                                |  |   | 74870   | -  | lot Applicable          |
| Žip   | Country  | Zip                                      | Country  |   | 1010  | <del></del>                                |                         |
| 33770   | Country  | 33770                                    | Oddiniy  | 5. Certificat   | e of Status Desired   | S5.00 Ac                                   |                         |
| 30770   | 6: Name and Address of Cu  |  | <u> </u>                                       | 7 Name at   | d Address of New F  |  |                         |
|   | u. Italite and Address of Cu   | Trent registered Agent                   | Name   |   | a Address of free l   | zadiarei ao vitant                         |                         |
| FROUNFE   | ELTER, CARY  |  |  |   |   |  |                         |
| 8660 GUL  |  |  | Street A                                       | ddress (P.O. Box Num  | ber is Not Acceptabl  | e)   |                         |
| SAINT PE  | TERSBURG, FL 33707   |  | <u> </u>                                       |   |   |  |                         |
|   |  |  | 825  | Clearwater-   | Largo Road  | N.   |                         |
|   |  |  | City   |   | Bulgo Road  | T  | rie                     |
|   |  |  | J.,  | Largo   |   | FL 233                                     | 770                     |
|   |  | ent for the purpose of changing its      | registered office of                           | r registered agent, or b  | oth, in the State of FI   | orida. I am familiar with                  | , and accept            |
| the obligat   | tions of registered agent.   |  |  |   |   |  |                         |
| SIGNATURE   |  |  |  |   |   |  |                         |
| SIGNATURE   | Signature, typed or printed name of registered   | d agent and title if applicable. (NOTE   | Registered Agent signa                         | ture required when reinstating)   |   | DATE                                       |                         |
|   |  |  |  |   | }   |  |                         |
| Fil<br>Due I  | ling Fee is \$50.00<br>by September 14, 2007   |  |  |   | ,   | ke check päyable to<br>a Department of Sta | te                      |
| 9.  | MANAGING MI  | EMBERS/MANAGERS                          | 10,  |   | ADDITIONS   | /CHANGES                                   |                         |
| TITLE   | MGR  | □ Delete                                 | TITLE  | ]   |   | Change                                     | Addition                |
| NAME  | FROUNFELTER, CARY  | _ Delete                                 | NAME   | ļ   |   | TM cycligo                                 |                         |
| STREET ADDRESS  | 8660 GULF BLVD   |  | STREET ADDRESS                                 | 925 07 000  | t   | Deed N                                     |                         |
| CITY-ST-ZIP   | SAINT PETERSBURG, FL   | 33707                                    | CITY-ST-ZIP                                    | 825 Clearw  | ater-Largo  | Road N.                                    | l                       |
|   |  | <del></del>                              | <del>-</del>                                   | Largo, FL   | 33770   |  |                         |
| TITLE   |  | ☐ Delete                                 | TITLE  |   |   | Change                                     | ☐ Addition              |
| NAME  | 1  |  | NAME   | ļ   |   |  |                         |
| STREET ADDRESS  |  |  | STREET ADDRESS                                 |   |   |  |                         |
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| NAME  | }  |  | NAME   |   |   |  | ļ                       |
| STREET ADDRESS  |  |  | STREET ADDRESS                                 |   |   |  |                         |
| CITY-ST-ZIP   |  |  | CITY-ST-ZIP                                    | L   |   |  |                         |
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| STREET ADDRESS  |  |  | STREET ADDRESS                                 |   |   |  |                         |
| CITY-ST-ZIP   |  |  | CITY-ST-ZIP                                    | [   |   |  |                         |
|   | 1  |  | TOTAL STREET                                   |   |   |  |                         |
| TO 6  |  |  |  | <del> </del> -  |   |  |                         |
| TITLE   |  | ☐ Delete                                 | TITLE  | <del> </del> -  |   | Change                                     | Addition                |
| NAME  |  | ☐ Delete                                 | TITLE<br>NAME                                  |   |   | ☐ Change                                   | Addition                |
| NAME<br>STREET ADDRESS  |  | ☐ Delete                                 | TITLE<br>NAME<br>STREET ADDRESS                |   |   | ☐ Change                                   | Addition                |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |   |  |                         |
| NAME STREET ADDRESS CITY-ST-ZIP   | certify that the information supplies  | d with this filing does not qualify for  | TITLE NAME STREET ADDRESS CITY-ST-ZIP          | ontained in Chapter 11  | ), Florida Statutes. I I  | urther certify that the in                 | formation               |
| NAME STREET ADDRESS CITY-ST-ZIP   | certify that the information supplied on this report is true and acquirate billity company or the seceiver or a  | d with this filing does not qualify for  | TITLE NAME STREET ADDRESS CITY-ST-ZIP          | ontained in Chapter 11:<br>ect as if made under oa<br>by Chapter 608, Florid, | 9, Florida Statutes. I I<br>Ih; that I am a mana<br>I Statutes. | urther certify that the in                 | formation               |
| NAME STREET ADDRESS CITY-ST-ZIP   | certify that the information supplied on this report is true and account ability company or the acceiver or the access of the acce |  | TITLE NAME STREET ADDRESS CITY-ST-ZIP          | ontained in Chapter 11<br>ect as if made under oa<br>by Chapter 608, Florid   | th; that I am a mana<br>a Statutes.                             | urther certify that the in                 | formation<br>per of the |
| NAME STREET ADDRESS CITY-ST-ZIP   | I on this report is true and activirate ability company or the receiver or the | d with this filing does not qualify for  | TITLE NAME STREET ADDRESS CITY-ST-ZIP          | ontained in Chapter 11<br>ect as if made under oa<br>by Chapter 608, Florid   | th; that I am a mana<br>a Statutes.                             | urther certify that the in                 | formation<br>per of the |